DOCUMENT RESUME

ED 363 070 EC 302 527

AUTHOR	DePalma, Valerie; Wheeler, Marci
TITLE	Learning Self-Care Skills. Functional Programming for People with Autism: A Series.
INSTITUTION	Indiana Univ., Bloomington. Indiana Resource Center for Autism.
PUB DATE	91
NOTE	32p.; For related booklets, see EC 302 520-530.
AVAILABLE FROM	Indiana Resource Center for Autism, Indiana University, 2853 E. Tenth St., Bloomington, IN 47408-2601 ($1.50).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Autism; Case Studies; Elementary Secondary Education; Hygiene; Long Range Planning; *Self Care Skills; Skill Development; Student Evaluation; Task Analysis; *Training Methods

ABSTRACT

Many individuals with autism need systematic, intensive teaching in self-care skills due to deficits in language and attention skills, interfering behaviors, and/or sensory impairments. Teaching self-care skills should occur naturally during daily routines, in all environments. Assessments are done to determine current abilities, strengths, and likes as well as frustrators and limitations. Targeted skills may be designated by participants of an interdisciplinary team. A longitudinal and functional approach should be taken when planning a self-care skill program. The steps for each self-care skill need to be broken down and clearly defined. Steps in a task analysis for combing hair and for toothbrushing are listed. To teach effectively, it is helpful to define the style in which the individual with autism learns best, whether it be visual, sounds, words, touch, and/or smell. The instructional design should also consider the use of physical and verbal cues, behavioral support, generalization and maintenance, and reinforcement. Two case study examples are provided, one of a boy learning to feed himself and one of a girl learning to dress independently. Appendixes contain sample assessment charts and an instructional aid for a sample morning routine. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 363 070

INSTITUTE • *for* *the* • STUDY • *of* DEVELOPMENTAL DISABILITIES

The University Affiliated Program of Indiana

FUNCTIONAL PROGRAMMING FOR PEOPLE WITH AUTISM: A Series. . .

LEARNING SELF-CARE SKILLS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

by

Valerie DePalma
and
Marci Wheeler

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Barbara Toro

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

Indiana Resource Center for Autism

Indiana University

EC302527

FUNCTIONAL PROGRAMMING FOR PEOPLE WITH AUTISM: A Series

LEARNING SELF-CARE SKILLS

by

Valerie DePalma
and
Marci Wheeler

Indiana Resource Center for Autism
Institute for the Study of Developmental Disabilities

c. 1991

Introduction

The acquisition of self-care skills such as eating, dressing, grooming, and handling personal responsibilities is vital to every person. The ability to maintain one's appearance and to be responsible for basic needs increases independence, confidence, and security. Using a consistent routine and structure to systematically teach self-care skills in all environments and in context will enhance growth toward independence.

Just as no two children without disabilities are alike, no two children with autism are duplicates of one another. One child may have adequate skills for dressing and grooming but have a considerable problem with eating skills. Another child may have difficulty learning all areas of self-care and may make slow progress. There are many levels of ability performing various self-care skills in any child and many differences in self-care skills among persons with autism. Some will learn to be more independent than others in one or all areas.

Most children learn self-care skills by watching and imitating what they have seen with minimal teaching by parents or instructors. They are motivated to do things for themselves, to be like the "big kids," and to imitate adults. They are aware of the social benefits and know how to imitate. In contrast, many people with autism need systematic, sometimes intensive teaching in the self-care area due to deficits in language and attention skills, interfering behaviors, and/or sensory impairments. People with autism don't understand the social motivations of others. However, these deficits and problems associated with autism should not rule out the acquisition of self-care skills.

Goals

The ultimate goals in teaching self-care skills are to help each person:

1) attain as much independence as he or she can,

2) maintain skills already acquired,

3) feel successsful while learning, and

4) apply learned skills across all settings in the person's life.

Teaching self-care skills should occur naturally during daily routines, i.e., learning to eat by oneself during mealtime or learning to undress at bedtime. Since these behaviors and routines occur at a low frequency, additional natural contexts may be created such as dressing for gym class or swimming programs. It is important to make self-care activities functional and meaningful to the person with autism.

These skills must be taught systematically and consistently in all environments. Each teaching time should begin with a natural cue and end with the completed self-care activity. For example, the natural cue for combing hair could be messed up hair, i.e., in the morning or coming in from outside on a windy day, or routinely checking before going out. The natural cue could be paired with the verbal cue, "Time to comb your hair" and end with the completion of hair combing. The main idea is to guarantee success while learning. Therefore, the hairbrushing activity may be completed with partial participation, where the person with autism is assisted in the successful completion of the activity. This may include taking turns or assisting the person with autism before he experiences frustration.

All persons in the life of the individual with autism become "teachers" or "instructors" and must work together to assure that the person with autism generalizes skills and behaviors across people and settings. Teachers, parents, other involved family members, and individuals who have contact with the person with autism on a regular basis must reach consensus on exact teaching methods and communicate about the details, problems, and changes of the instructional program.

Assessment

Self-care skills should be taught systematically and consistently in all environments and in the context in which they occur naturally. Therefore, it is important to establish routines and teach self-care skills within these routines. A routine could be designed for a single skill such as toileting or a chain of activity skills such as a morning routine.

Within a morning routine, the self-care skills to be completed may be toileting, bathing, dressing, eating breakfast, toothbrushing, and combing hair. Decisions need to be made to identify which self-care skills to work on. Targeted skills may be designated by participants of an interdisciplinary team of persons with various training backgrounds. The group may include the family, teacher, speech pathologist, psychologist, and a social worker who knows the family. Typically, this group meets annually to plan a program that will meet the individual's present and future needs, but may need to meet more often.

Assessments are done to determine current abilities, strengths, and likes as well as frustrators and limitations. Using a person's strengths and likes for motivation and reinforcement are key to positive programming. This information is important and should be continually referred to and revised as the learner encounters problems and shows progress.

Assessment information should be gathered in a variety of settings and can be collected both formally and informally. (see Appendixes A, B, and C for sample charts). This information can be duplicated or adapted as needed.

While gathering information, it is not uncommon to find the learner with autism performing a task in one environment but not in another. Persons with autism often have difficulty generalizing skills from one place to another. Information about a learner's ability to generalize skills, sensory deficits, socialization, and communication skills must be identified and addressed in all phases of assessment, program design, and implementation. When assessing self-care skills, data should be gathered in natural, familiar settings and at familiar times. These data are gathered and used to help plan the program details.

An example of a home skills assessment for grooming is included (see Appendix D for a sample). When it is found that a certain step cannot be carried out by the learner, that step can be broken down further into smaller steps for a more detailed task analysis.

Long Range Plan

When planning a program to teach a specific self-care skill or routine, it is important that a longitudinal and functional approach be taken and that a long range plan be developed. All too often, remediation of weaknesses are stressed without consideration of what skills will be needed for a lifetime. For example, tying shoes and buttoning shirts might be considered less crucial than using a spoon to eat or washing hands. If a person can't use a spoon or wash independently, then someone is going to have to be there to help. However, a person can get through life without tying shoes or buttoning by wear-

ing clothing and shoes with adaptive fasteners. The use of velcro is one example.

A functional approach requires making decisons about what skills the person needs most and deciding how to teach these skills. Teaching basic self-care skills should be done when and where the skill is naturally required. If basic self-care skills are not learned, someone will have to do them for the person or be available to assist. Indeed, the lack of self-care skills may tend to isolate the person from others and the communty.

Task Analysis

After specific self-care skills have beenidentified and set into a routine, the steps for each self-care skill need to be broken down, analyzed, and clearly defined. An example of steps in a task analysis for combing hair is as follows:

Combing Hair

1. Pick up and hold comb with dominant hand.
2. Comb hair on the top of the head, comb hair front to back, for a specified number of times, e.g., two times.
3. On each side of the head, comb right side top to bottom two times, then left side two times.
4. Comb the back of the head top to bottom two times.
5. Put comb back in the proper place.

An example of steps in a task analysis for toothbrushing (assumes a right hand dominant person) is as follows:

Toothbrushing

1. Pick up and hold the toothpaste with left hand.
2. Remove the lid and put on counter with right hand.
3. Turn on the cold water, one turn with right hand.
4. Pick up and hold the toothbrush with right hand.
5. Wet the toothbrush by placing under water and taking out.
6. Apply the toothpaste to the brush by squeezing the toothpaste dispenser one squeeze.
7. Set the toothpaste dispenser down.
8. Place the toothbrush in mouth.
9. Brush the outside surfaces of the teeth (top left, bottom left, top right, bottom right, front).
10. Brush the biting surfaces of the teeth.
11. Brush the inside surfaces of the teeth.
12. Rinse the toothbrush.
13. Put toothbrush away.
14. Pick up cup with right hand and fill with water.
15. Rinse mouth by swishing two times.
16. Dump or drink remaining water.
17. Put cup away.
18. Wipe the mouth.
19. Rinse the sink with sponge.
20. Turn off the water.

The task analysis is best developed by the instructor who knows the individual with autism and first completes the task

step by step while listing each step in sequential order. When analyzing a task and organizing the steps for completion, the sensory issues of the person with autism need to be considered. Observe the person with autism carefully to meet that person's special needs. For instance, if the individual learning toothbrushing is sensorially reinforced by the sound, feel, or look of the water, the task might include turning the water off after wetting the brush and then being allowed to watch or play in the water for two minutes after finishing the entire routine.

Many people with autism do not perceive or process incoming sensory information (hearing, sight, touch, smell and movement) in the same way as people without autism do. For example, many persons with autism learn best visually. Hearing can appear to be both oversensitive and undersensitive in the same person. Touch and smell can be sensitive and distracting to the individual. Most self-care skills are impacted by varied sensory stimuli. For example, while eating, some persons with autism:

- may have problems accepting new textures of foods. (tactile)
- may have problems accepting foods of different colors. (visual)
- may only eat foods from a particular food group such as meat. (tactile)
- may only eat in a particular place. (spatial and visual)
- may have difficulty using cups and utensils made of various hard materials such as glass, metal, and plastic. (tactile)
- may only accept foods served at certain temperatures. (tactile)
- may go for months at a time eating only a few foods. (tactile, smell, and visual)

- Laura will be directed to pictures of each step in the sequence to increase her independence in doing the task.

- The instructor will move back one more step, i.e., #8 (backward chaining). After she has had success with this new step, the instructor will move backward in the task analysis sequence so Laura will progressively do more of the task each time.

- Physical assistance will initially be used to teach each step in the task analysis.

- Physical cues will be faded as soon as possible.

- Instruct her in the appropriate use of "I need help" during the task. The use of a picture communication system will be used.

- Communicate with parents to help coordinate the teaching of this skill.

Reinforcement:

- Taking her coat off and hanging it on a hook when she arrives at school will be followed by a favorite activity, e.g., listening to music or playing with her favorite music toy.

- Immediate reinforcement will occur when Laura picks up her coat as a nonverbal request to go outside.

- Verbal praise will be used as Laura is instructed to put on her coat.

Behavioral Support:

- If screaming occurs, redirect to the next step in the task analysis sequence (in using backward chaining, this will be a step in which she has experienced success).

- If screaming continues to occur, review steps of the task analysis and break them down further if needed.

- Allow time for success before introducing a new step of the task. Watch for cues from Laura on how fast to progress.

Instruction

The ultimate goal in teaching self-care to the person with autism is independence. To teach more effectively, it is helpful to define the style in which the individual with autism learns best. After determining whether she learns best through visual, sounds, words, touch, and/or smell, consider also the time of day in which the person works best, and restructure teaching the self-care skills to those times. For example, if the individual is not a morning person, tasks can be decreased first thing in the morning. Instead, "re-dressing" for playing outside or putting on an old shirt or smock for art class in school will help to teach dressing skills. Restructuring time later in the day may be best so the person is in a more ready state to understand. The information must be presented in an acceptable manner and at an optimum time to be understood and used by the learner. Enough time for independent learning must also be available to prevent time pressure.

An instructional method called chaining may be considered in teaching self-care skills. This method builds on previous success. The instructor reinforces each individual response in the task sequence which forms the total self-care task. For example, in hair combing the first step to pick up and hold the comb would initially be reinforced and the additional steps would be performed by the instructor. Backward chaining is another consideration. It is primarily used for individuals who do not imitate or who have limited receptive verbal skills. Using this method, the instructor performs all steps for the learner except the last one. Then steps are gradually added one by one in a reverse fashion. These methods may take longer, and it may be harder for the learner to become independent unless planned carefully. The instructor should decide when and how to shape each step of the task. He or she must also plan when and how quickly to

gradually added one by one in a reverse fashion. These methods may take longer, and it may be harder for the learner to become independent unless planned carefully. The instructor should decide when and how to shape each step of the task. He or she must also plan when and how quickly to start eliminating people-dependent cues so that the person can learn the behaviors and skills but not become dependent on the instructor.

Providing Assistance

To enhance independence, directions should be simple, specific, easy to understand, and consistent. The use of demonstration or pictures showing the sequence of steps involved to complete each self-care skill will provide clear expectations and help decrease the reliance on the instructor. It is important not to use too much language when teaching new skills. Instead of using only words to teach, other means such as modeling or pointing to pictures should be used that give clear, concrete informatin to the person. If the individual does not respond, the instructor should physically assist, using the least help possible to complete the step. Progress the same way for each step of the task analysis to complete the self-care skill. Definitions of types of assistance follow.

Physical Cues

Physical cues may include touching the individual, such as redirecting hands to a task or helping the person from one area to another. Sometimes they involve hand-over-hand touch and movement through various steps. Although it may be necessary initially, physical guidance must be faded to less intrusive cue as soon as possible. many persons with autism feel anxious with physical contact, so as soon as they

are attempting to make the movements, the contact should be stopped and the person's efforts reinforced. This is also important because individuals may quickly become dependent on physical assistance and put forth little effort themselves.

Verbal Cues

It has been suggested that very few verbal cues be used in teaching a person with autism to be independent in self-care skills. Words are much more difficult to fade out than physical prompts. Verbal cues often become part of the steps of the task from the viewpoint of the individual with autism. Therefore, plans should be included to use as few verbal cues as possible and to fade verbal cues quickly, so that the individual with autism doesn't learn to wait for the cue before proceeding to the next step in the task sequence.

The delivery of a direct verbal cue should be specific, clear and brief. Pausing after giving the verbal cue will allow the individual time to process the information and time to react to the request. After the pause, if the individual's response is correct, reinforcement should occur. If the response is incorrect, the verbal cue should be given a second time using the same words and intonation. If time to process the information is not provided, multiple requests are given, or if a long sentence is used, the individual may become confused. The learner's lack of a response may be misinterpreted as noncompliance.

Instructional Aids

Instructional aids are concrete materials needed to perform a task, such as picture cards or check-off lists. These can accompany physical and verbal cues. Examples of instructional aids include timers, schedule boards, or sometimes the presence of a tool used to complete the task, such as a towel after bathing.

Pictures used by permission from
Mayer-Johnson, Co. P.O. Box 1579, Solana Beach, CA 92075
619-481-2489
C. 1981, 1985 Mayer-Johnson, Co.

A consistent, structured environment which is predictable for the learner is extremely important. Predictability helps provide meaning as well as comfort, trust, and success.

Behavioral Support

If the individual with autism has difficulty progressing or seems agitated, the steps of the task analysis should be reviewed to make sure they are precise enough. Always teach for success. Once success has been achieved, allow the individual time for satisfaction in the new achievement before raising demands.

If appropriate cues and reinforcers are in place, sometimes redirecting learners to the next step is enough to prevent interfering behaviors. Allowing the person a break time might also be needed. It may help for the instructor to model asking for a break, so the person will learn to initiate requests at the appropriate time. The use of a timer to help the learner understand how much time is planned for the activity may also help. Essentially, the more information and attention

provided to the learner's efforts to communicate, the more successful the experience will be for all.

If behaviors interfere with the activity, attempts should be made to bring the learner back to the situation with as many clear expectations as possible to finish at least part of the task successfully before being excused. However, it is imperative to figure out what the behavior is communicating and what new behavior needs to be taught in its place. "I'm done," "I need help," "I want food," or "Leave me alone," may be some of the messages the person is communicating. Statements referring to preestablished guidelines like, "Two more bites, then finished" or "Sit three more minutes, (refer to preset timer) then finished" are examples of concrete information. If the learner is not required to come back to a task after a behavior problem, the person with autism may learn that the best method to stop a specific self-care activity is to exhibit inappropriate behavior. He certainly may want to stop, but teach him a more appropriate way and acknowledge his request.

Generalization and Maintenance

Independence is the goal toward which all efforts in teaching self-care skills to individuals with autism should be directed. If independence is achieved, there is no requirement for the instructor to be present to successfully accomplish the task because initial teaching has taken place and environmental cues are set in place. However, even if independence is achieved, the instructor may still need to monitor the task to ensure that it is being completed appropriately and to give positive attention at other times during the day.

Generalization across people, environments, and situations must be on-going because the individual may learn something well in one place, but be completely unable to apply it in

another natural situation. Individuals with autism do not need to learn a skill to a certain criterion level before attempting transfer to another environment. The skills can be taught and practiced simultaneously in multiple settings.

Summary

Self-care skills are some of the first things parents set out to teach. Parents, teachers, and other instructors must work in a consistent and systematic way to teach in a positive manner and help persons with autism maintain self-care skills. Dressing, eating, toileting, and grooming occur naturally several times each and every day. Being able to dress oneself, eat with appropriate utensils, and bathe without help are giant steps toward independence for some persons with autism. Several considerations should be made when designing and implementing programs to teach these skills and routines.

First, the sensory, communication, and social characteristics of autism must be considered. Then, the individual's strengths, likes, limitations, and frustrations are assessed. All information about the person's learning style should be taken into account.

The targeted skill is then taught with the individual's learning needs in mind. Reinforcement and instructional aids should be individualized. Generalization and maintenence of the skills are planned right from the start. Data on progress is kept so that assessment is ongoing.

Consistency and patience are needed, but in the end the victory for the learner and instructor is a life-long skill accomplished with significantly more independence. It is hoped that the reader can use this information and adapt it to fit other instructional situations for self-care skills. This booklet

gives a few representative examples and outlines a general approach to use for other specific situations and for specific individuals with autism.

Case Study Examples

The following two case studies of children will be analyzed in terms of teaching them a self-care skill. The first child Logan, is 6 years-old and is learning to feed himself with a spoon. Laura, the second child, is 11 years-old and is learning to dress independently. A morning routine is provided (see Appendix E for a sample chart). This routine chart is a tool to help a person who has the individual skills in his repertoire but does not have the ability to organize these effectively without cues and reminders. A visual system to refer to and/or cross off or check off each task when completed will assist the individual to be more independent.

Case Study I

Logan, 6 years-old

Long-Term Goal: Eating independently with a spoon.

Informal/Observational Assessment Information:

The following list of characteristics has been identified for Logan. The list of Strengths and Likes/Preferences may be used to provide the motivation and reinforcement for Logan's positive program to teach him this new self-care skill. When Limitations and Frustrators are identified, desensitization techniques may need to occur to help Logan feel more secure and comfortable. Natural and planned reinforcers certainly need to be used.

Strengths

Gross motor skills

Limitations

Communication
Social interaction
Short attention span

Likes/Preferences

Bright objects
Noisy objects
Tickling
Noises he can control
Likes to be bounced around
Chocolate of any form
Chocolate milk
Clapping hands
Favorite stuffed toy

Frustrations

Transitions
Change in the routine
Noises he can't control
Fine motor tasks

The following task analysis breaks down Logan's long term goals into smaller steps for independently eating with a spoon:

Task Analysis:

1. Sit down in chair.
2. Pull chair up to table.
3. Hold spoon in "correct position" for scooping.
4. Scoop food to left or right (depending on which hand he is using).
5. Bring spoon to mouth.
6. Use mouth to take food from spoon.
7. Chew and swallow the food.
8. Return spoon to bowl.
9. Repeat above steps as many times as necessary.

Instruction/Programming Needs:

- Assessment showed that Logan doesn't appear to have tactile sensitivities to different textures of food in his mouth. He will lick popsicles and lollipops if someone assists (though he only takes 5-10 licks).
- It was determined through assessment that Logan does not need an adaptive spoon.
- Use a suction bowl or a mat that prevents sliding so that Logan doesn't have to hold the bowl.
- Desensitize Logan to the spoon before expecting to teach him to use it. A metal spoon might be too easy to use to self stimulate with (it's shiny and makes noise when hit on objects). Consider using a plastic spoon.
- Teach at natural mealtimes and generalize to all settings where a meal or snack is served, or start with snack time to avoid problems at meals.
- Select a favorite food first to eat with spoon, e.g., chocolate ice cream.
- Make sure he is not too hungry or full when starting to instruct at each meal, e.g., eat small portion of other food first.
- Initially, only expect to work on a few mouthfuls, but use Logan's cues if he can do more. May just start with small amount in bowl or use backward chaining.
- Use physical assistance and plan to fade at each meal by slowly moving the physical touch from hand over hand to hand over wrist to hand over elbow to hand over shoulder, etc.
- Have a friend or sibling provide modeling (visual) cues by eating the same food and sitting across from Logan.

- Plan for a mess; maybe put plastic on the floor or position Logan so that if the food flies it is easier to clean up. TRY NOT TO GET UPSET ABOUT THE MESS IN FRONT OF LOGAN.

- Make sure Logan "fits" the table and that the chair puts him at the right height.

Reinforcement:

- Choose a desired food. The immediate and natural reinforcement for spooning and putting the food in the mouth is tasting the food. This can be paired with a short 1 minute back rub at the end of the session.

- Reinforce with hand clapping since this is a "like" of Logan's paired with verbal praise, "Good eating with a spoon."

- Reinforce, even if help was given for each bite.

Behavioral Support:

- If he throws the spoon, calmly retrieve it and hand it back with your hand over his so he is less able to throw. Tell Logan, "One bite then finished." Then proceed through the task analysis and finish after the one bite. Still give reinforcement.

- If he wiggles out of his seat give him more information, "One bite then a break." Proceed same as above or you can wait two minutes, then allow him to get down, set timer for two minutes. When timer goes off, go back through the steps as outlined including reinforcement. However, avoid a power play. Adjust time to meet Logan's needs.

- Follow the instructional time with a favored gross motor activity. This should help to relieve anxiety and frustration.

- Be consistent in your verbal and physical cues, in the amount he is expected to do, and in implementing the behavioral support plan among instructors.

- If Logan is learning in more than one environment, communicate progress, glitches, and adjustments with everyone implementing the plan.

Case Study II

Laura, 11 years-old

Long Term Goal: Putting her coat on independently.

Short Term Goals: Teach Laura a method to request "I need help" (e.g., sign language, a picture communication system or a tap on the arm).

- Use adaptations, e.g., a large object to hang from the coat zipper to assist in zipping and unzipping and a task analysis of pictures to follow.

Informal/Observational Assessment Information:

The following information has been identified by the interdisciplinary team. The list of Strengths and Likes/Preferences can be used to provide the motivation and reinforcement for Laura's positive program to teach her this new self-care skill. Items identified under Limitations and Frustrators may need to be considered. Desensitization techiques may need to occur to help Laura feel more secure and comfortable.

Strengths	**Limitations**
Gross motor	Communication (Nonverbal)
Likes people	Drools
Friendly	
Likes/Preferences	**Frustrations**
Verbal praise	Fine motor tasks
Music	Learning new tasks
Dancing	Tasks that progress quickly
Rocking chair	Favorite music toy taken away
Going outside	Screaming when frustrated
	Favorite musical toy

The following breaks down Laura's long term goal into smaller steps:

Task Analysis:

1. Take coat off the hanger/hook.
2. Pick up coat near neck.
3. Put right arm in sleeve.
4. Pull coat over right shoulder with left hand.
5. Reach behind left shoulder with left hand.
6. Put left arm in sleeve.
7. Adjust coat.
8. Button/zip coat.

Instruction/Programming Needs:

Instruction should take place at home before and after school and/or when going outside or to community locations.

- Instruction should be consistent in both settings.
- Backward chaining will be used to teach Laura to put on her coat.
- Each instruction time should begin with the natural cue of coming inside or preparing to go outside and end with the completed activity of putting on her coat. Ample time needs to be available for instruction.

Pictures will be posted on the wall for Laura to refer to and to assist in the maintenance of her newly acquired self-care skill.

People with autism who are verbal have described certain experiences that inform us about how they experience the world. Temple Grandin, a successful career woman who has autism, is a designer of livestock handling facilities. When describing her feelings about some of her sensory experiences she states, "Sensory problems may cause tantrums." She goes on to report that when she was young, "Scratchy petticoats felt like sandpaper rubbing (her) raw." She can now adjust her clothing needs to fit her tactile sensitivities. Her tactile sensitivities didn't change or become less sensitive; rather she adjusted clothing to avoid problems. Other persons with autism may not be able to problem solve or to verbalize their needs, so teachers, parents, and others must try to do this for them. This requires careful observation and response to their attempts to communicate.

Reinforcement

Reinforcement helps to motivate and reward a person for a job well done. For the person with autism, being praised or becoming independent may not be rewarding enough, specific enough, or have enough concrete meaning. One person may be reinforced by doing a task, activity, or job by him or herself. For others, one sensory part of the activity may be naturally reinforcing, such as, the sensation of water when bathing. For others, doing the task itself may not be reinforcing at all and a planned contingency can be designed and implemented. An example of a planned contingency is:

- first brush teeth, then read a story.

When learning a new self-care activity, persons with autism initially need immediate reinforcement. This could include verbal praise and assistance when the person picks up his coat and hands it to the instructor to indicate his request to go

outside. As the individual learns, reinforcement can be delayed. As the individual's needs and interests change, reinforcements can also be changed. When typical reinforcements don't work, alternative reinforcements, such as, time to be alone or access to sensory objects may be considered. Examples of sensory objects include koosh balls and other textured balls, small spinning tops with bright colors, a headset with a favorite piece of music, a rocking chair, or a swing.

A contingency can also be set up as a motivation both as a natural occurrence or a planned reinforcement. Some examples are:

- First turn on the water, then get a drink. (natural)
- First pants on, then cracker. (planned)
- First comb hair, then ball. (planned)
- First take off the paper, then use the straw to drink a favorite beverage. (natural)

Initially, reinforce the person for attempting to complete the task, regardless of how much help is given. For example, when learning to shave, a variety of instructional strategies can be used. Reinforcement may be given for allowing the physical assistance of the trainer's hand over the learner's hand, thus guiding him through the motions.

Make a list of reinforcers to use with each person with autism as new skills are being taught (refer back to the Preference/Like list). The list will need to be updated as the person's interests change.

References

Andis, K. & Dalrymple, N. (1987). Home life checklist: Adolescents and young adults. Bloomington, IN: Institute for the Study of Developmental Disabilities.

Autism training sourcebook 1990-1991. Bloomington, IN: Institute for the Study of Developmental Disabilities.

Baker, B.L., & Brightman, A.J. (1989). Steps to independence. (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Company.

Grandin, T.,& Scariano, M. M. (1986). Emergence labeled autistic. Novato, CA: Arena Press.

Macht, J. (1990). Poor eaters: Helping children who refuse to eat. New York: Plenum Publishing Corporation.

Mayer-Johnson, R. (1981, 1985). The picture communication symbols. (Books I & II). Solana Beach, Mayer-Johnson, Co.

Perske, R., Clifton, A., McLean, B.M., & Stein, J.I. (Eds.). (1986). Mealtimes for persons with severe handicaps. timore, MD: Paul H. Brookes Publishing Company.

Powers, M.D. (Ed). (1989). Children with autism: A parents' guide. Rockville, MD: Woodbine House.

Appendix A: Likes/Preferences

This chart can be used to identify the learners likes and preferences. It is important to identify these areas when building any programs for an individual. Decisions can be made to include items from the chart to provide motivation and reinforcement for learning new skills.

It is also important to be aware of when the learner has access to his/her likes and preferences throughout the day. Some of these items and activities should be offered routinely and not be dependent on learning new skills and behaviors.

Likes/Preferences	Free Use		Adult/Learner Controlled			Removed for misbehavior Yes/No
			time	contract	location transport	
	Home					
	Day					
	Home					
	Day					
	Home					
	Day					
	Home					
	Day					
	Home					
	Day					
	Home					
	Day					

Comments:

Appendix B: Strengths

These charts can be used to list the learner's strengths. A positive program should include the use of the learner's strengths throughout the day. We all want to be successful and charting times that strengths, preferences and likes are highlighted during the day can help teachers and families include these daily.

STRENGTHS	Uses in Free Time	Programmed Use	As Reinforcer

Times that Preferences and Strengths Occur in a Typical Day

7:00	9:30	12:00
7:30	10:00	12:30
8:00	10:30	1:00
8:30	11:00	1:30
9:00	11:30	2::00

Appendix C: Fears/Frustrations

These chart can be used to identify the learner's frustrations and fears. These are important factors to identify when building any programs for an individual. Decisions then can be made about what can be avoided and to what extent desensitization to the learner's fears and frustrators needs to be built into the program to help the learner feel more secure and comfortable.

FRUSTRATORS	Frequency/Home	Frequency/Day Pr.	Frequency/Community

Can/should these be avoided/changed?

FEARS	Frequency/Home	Frequency/Day Pr.	Frequency/Community

Can/should these be avoided/changed?

Appendix D
Home Skills Assessment for Grooming

This chart is used to identify skill areas within a grooming routine and the independence levelof the performance. Areas needing attention can be prioritized and a task analysis developed to address the skills chosen.

CUE CODE:

SK = Skipped, not done (comment shoud give reason) **I = Independent**

EC = Environmental Cue **VC = Verbal Cue** **R = Refused**

PC = Cue that involves touching

FREQUENCY CODE:

2 = MOST of the time, 1 = SOME of the time, 0 = NEVER

RATING

*** primary skill for person**

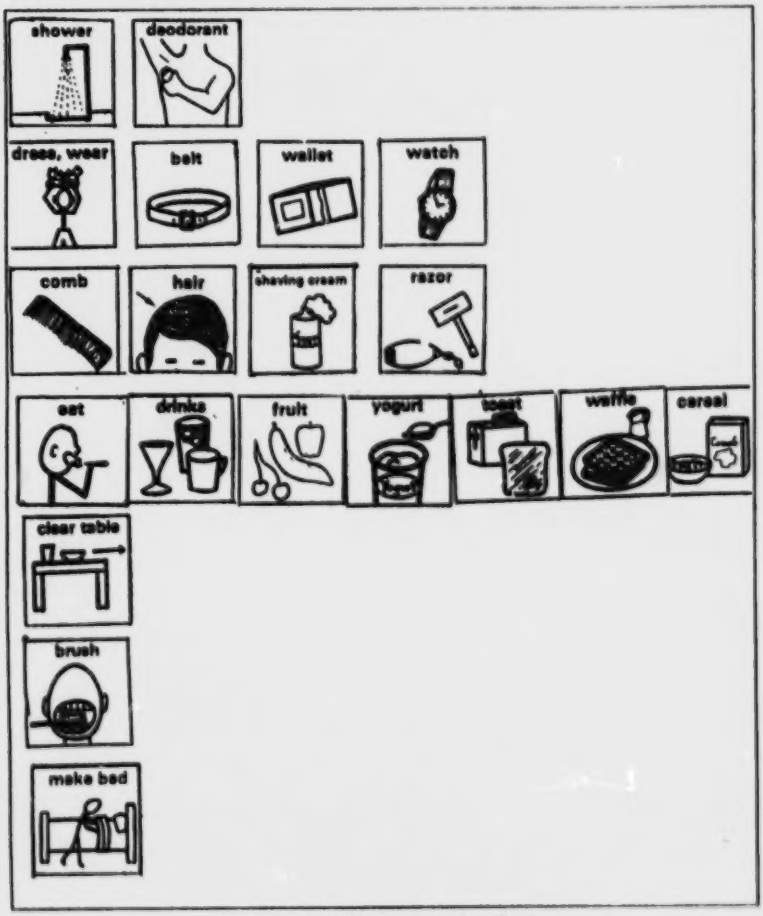
Date: ____/____/____

Rating	Description	Code	Comments
	Washes face/hands		
	Dries face/hands		
	In bath or shower (circle): Washes body parts w/soap & wash cloth		
	Uses correct amount of shampoo		
	Washes hair		
	Dries body parts with towel		
	Dries hair with towel		
	Applies deodorant or other creams and lotions if appropriate		
	Puts clothes on		
	Brushes/combs hair front/top		
	Brushes teeth front		
	Brushes teeth back		
	Rinses out mouth		
	Brushes/combs hair front/top		
	Brushes/combs hair back		
	Cares for/allows nails to be clipped		

Reprinted and adapted from Home Life Checklist: Adolescents and Young Adults

Appendix E: Instructional Aid for a Sample Morning Routine

The learner is semi-independent. Reminders are needed for the sequence in the areas shown.



Pictures used by permission from
Mayer-Johnson, Co. P.O. Box 1579, Solana Beach, CA 92075
619-481-2489
c. 1981, 1985 Mayer-Johnson, Co.